UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT AND INSURANCE
WASHINGTON 25, D.C.

ADDRESS REPLY TO "U.S. CIVIL SERVICE COMMISSION" AND REFER TO FILE RE:JC:rgr AND DATE OF THIS LETTER

November 29, 1960

STAT [redacted] President
Government Employees Health Association, Inc.
P. O. Box 463
Washington 4, D. C.

STAT Dear [redacted]

Enclosed is a copy of the format for the quarterly report on monthly claim experience which we are asking all carriers to submit in order to enable the Commission to keep posted on the volume of current benefit payments.

The claim experience of your plan should be summarized separately for each month. We would appreciate your sending the summaries to the Commission no later than 30 days from the end of the quarter covered by the report.

We would also appreciate receiving the first such quarterly report as soon as you can make it available and subsequent reports as indicated above.

If your plan has only one option, only the "High Option" columns need be completed. Should there be any questions about this report, please feel free to communicate with Mr. Zisman, DUdley 6-3392.

Sincerely yours,

Andrew E. Ruddock

Andrew E. Ruddock
Director

Enclosure:

MONTHLY SUMMARY OF ARISING CLAIMS AND CLAIM PAYMENTS

BY TYPE OF CLAIMANT, TYPE OF CLAIM, AND BY OPTION

Type of Claimant, Type of Claim	MONTH AND YEAR					
	Total Both Options		High Option		Low Option	
	Number	Amount	Number	Amount	Number	Amount
Total (excluding unclassified*)		$		$		$
Non-Maternity						
Maternity						
Employees and Dependents, Total						
Non-Maternity, Total						
Maternity, Total						
Employees, Total						
Non-Maternity						
Maternity						
Dependents, Total						
Non-Maternity						
Maternity						
Annuitants and Dependents, Total						
Non-Maternity, Total						
Maternity, Total						
Annuitants, Total						
Non-Maternity						
Maternity						
Employee Annuitant, Total						
Non-Maternity						
Maternity						
Survivor Annuitant, Total						
Non-Maternity						
Maternity						
Dependents of Annuitants, Total						
Non-Maternity						
Maternity						
Unclassified* (excluded from above Totals)						
Current month						
Adjustments for prior months						

*For claims that cannot be classified in the above categories, show number and amount for "current month." As claims are classified in subsequent months, include them in the report for the month in which they are classified and indicate in line "adjustment for prior months" the number and amounts so classified during the month.

Federal Employees Health Benefits Program
Name of Carrier _____ No. _____
Address of Carrier _____
Reporting Period _____
(inclusive dates)

CSC - BRI
NOVEMBER 1960

MONTHLY SUMMARY OF ARISING CLAIMS AND CLAIM PAYMENTS

BY TYPE OF CLAIMANT, TYPE OF CLAIM, AND BY OPTION

Type of Claimant, Type of Claim	MONTH AND YEAR					
	Total Both Options		High Option		Low Option	
	Number	Amount	Number	Amount	Number	Amount
Total (excluding unclassified*)		$		$		$
Non-Maternity						
Maternity						
Employees and Dependents, Total						
Non-Maternity, Total						
Maternity, Total						
Employees, Total						
Non-Maternity						
Maternity						
Dependents, Total						
Non-Maternity						
Maternity						
Annuitants and Dependents, Total						
Non-Maternity, Total						
Maternity, Total						
Annuitants, Total						
Non-Maternity						
Maternity						
Employee Annuitant, Total						
Non-Maternity						
Maternity						
Survivor Annuitant, Total						
Non-Maternity						
Maternity						
Dependents of Annuitants, Total						
Non-Maternity						
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Federal Employees Health Benefits Program
Name of Carrier _____ No. _____
Address of Carrier _____
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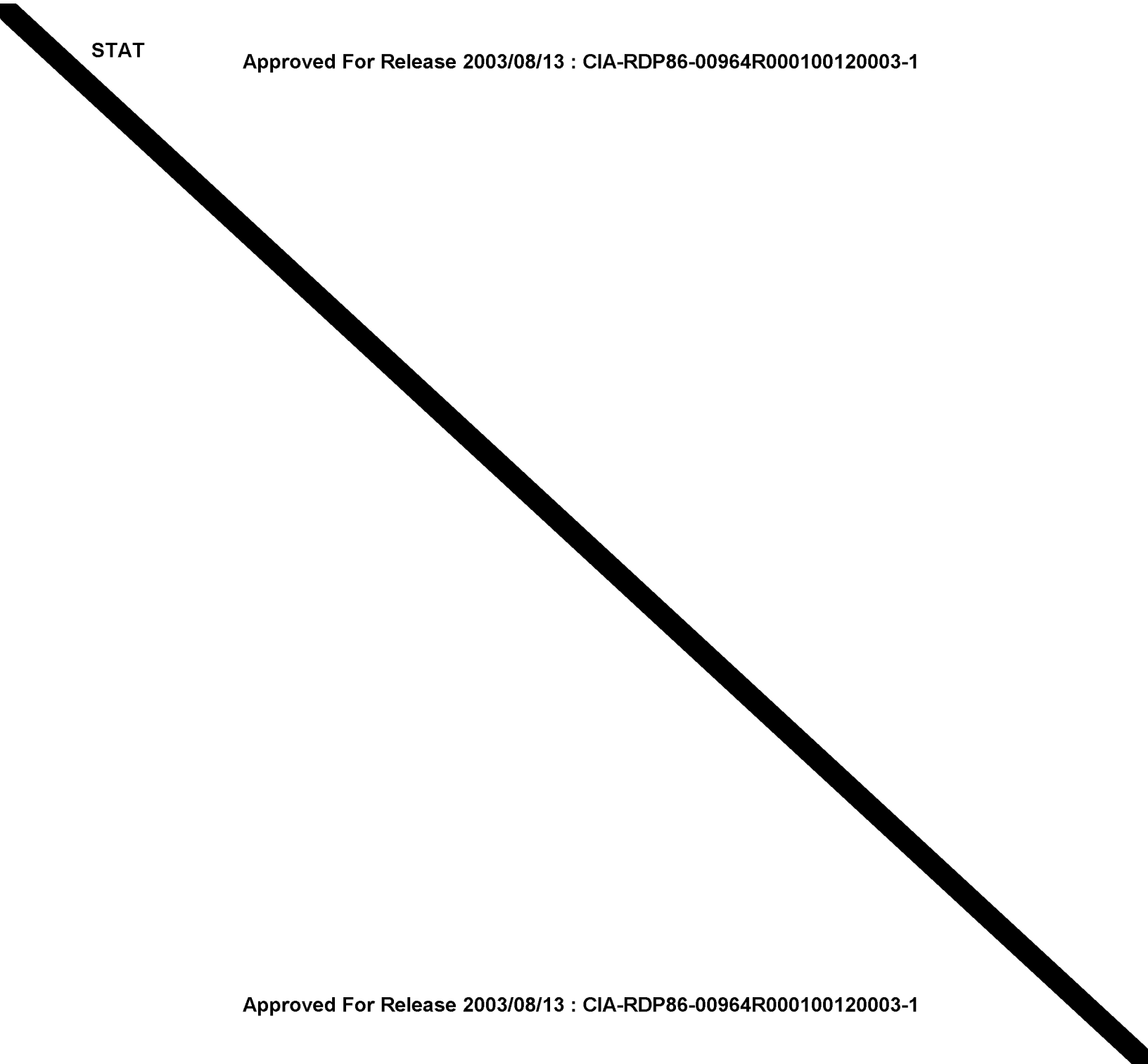
CSC - BRI
NOVEMBER 1960



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